DOCUMENT RESUME

ED 398 685 EC 304 977

AUTHOR	Johnson, Lara; And Others
TITLE	The Missing Link: Self Study Continuing Education for Nutrition Services Awareness in Early Intervention. Workbook.
INSTITUTION	New England Medical Center, Boston, MA.
SPONS AGENCY	Health Resources and Services Administration (DHHS/PHS), Washington, DC. Maternal and Child Health Bureau.
PUB DATE	95
CONTRACT	MCJ-259328
NOTE	35p.; Accompanying videotape not available from EDRS. Cover title: The Missing Link: Including Nutrition Services in Early Intervention Programs. A Trainer's Manual. A product of the Frances Stern Nutrition Center and Shriver Center University Affiliated Program.
AVAILABLE FROM	Frances Stern Nutrition Center, New England Medical Center #783, 750 Washington Street, Boston, MA 02111.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	Child Health; Delivery Systems; Early Childhood Education; *Early Intervention; Federal Legislation; Individualized Family Service Plans; Infants; Models; *Nutrition; *Nutrition Instruction; Physical Health; Program Evaluation; *Special Health Problems; Young Children
IDENTIFIERS	Individuals with Disabilities Education Act Part H

ABSTRACT

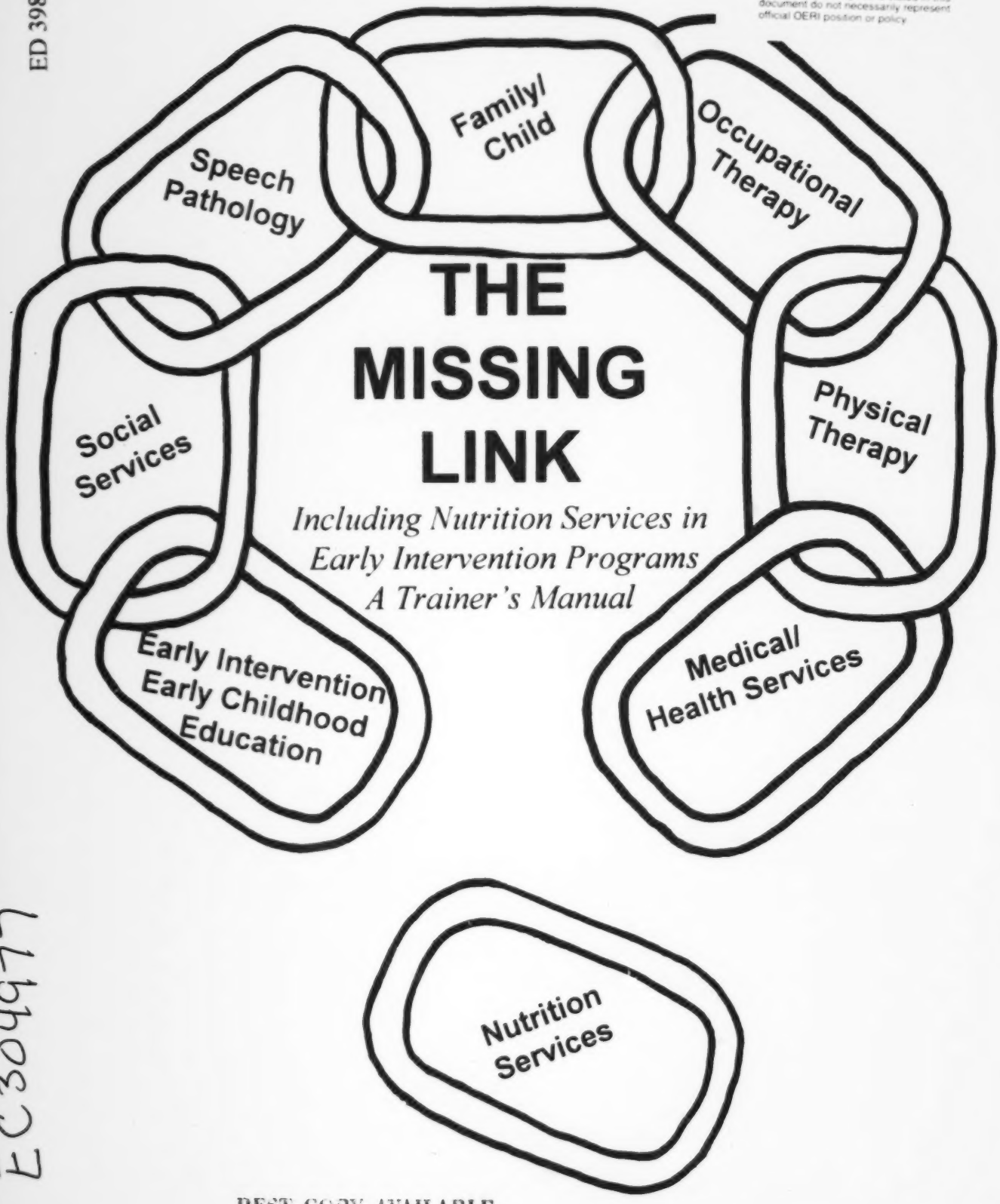
This workbook is a companion to an 18-minute instructional video on nutrition services in early intervention programs. Both the workbook and the video are designed to assist early intervention professionals concerning nutrition and feeding concerns of children with special health care needs. The following issues are addressed: importance of nutrition services; the range of common nutrition problems faced by early intervention clients and their families; the effects on families when nutrition issues are not addressed; an appropriate model for providing screening and intervention nutrition programs; obtaining services of a qualified nutritionist and effective integration into the early intervention care process; and how nutritionists function to meet the nutrition-related needs of early intervention clients. The workbook contains a pre-assessment and post-assessment checklist, video trigger questions and answers, issues for discussion, information on the background of the problem (including federal regulations and status of nutrition services in early intervention programs), sample screening forms, and a list of 11 resources. (CR)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☐ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

EC

ED 398 685



THE MISSING LINK

Including Nutrition Services in Early Intervention Programs
A Trainer's Manual

EC304977

BEST COPY AVAILABLE

THE MISSING LINK

Self Study Continuing Education for
Nutrition Services Awareness in Early Intervention

Workbook

by

Lara Johnson, M.S., R.D.

Carole Palmer, Ed.D., R.D.

Dena Goldberg, Ph.D., R.D.

Mallai Holland, MPH, RD, CD

Johanna T. Dwyer, D.Sc., R.D.

Andrea Morris, B.S.

Frances Stern Nutrition Center
New England Medical Center
and
Shriver Center University Affiliated Program

Funded by Grant #MCJ 259328 Maternal and Child Health Bureau
Health Resources and Services Administration
US Department of Health and Human Services

1995

Welcome to The Missing Link

A video and workbook program designed to help identify and meet the nutritional needs of Early Intervention clients.

WORKBOOK CONTENTS: **Page #**

How to use this program..... 3-4

Program Objectives

Instructions for Group Leader

Pre Assessment..... 5

Taken before studying the workbook and watching the video.

Video Trigger Questions..... 6

These questions helps viewers focus on the specific issues raised by the families and health professionals in the videotape.

Issues for Discussion..... 7-8

These questions will assist in facilitating a more in-depth discussion of the issues raised in the videotape and related issues.

Background of the Problem..... 9-10

What are the Regulations?

Why are Nutrition Services Essential?

What is the current status of Nutrition Services in Early Intervention Programs?

WORKBOOK CONTENTS: **Page #**

Managing Nutrition Issues..... 11-16

- **Components of a Comprehensive Nutrition Care Program**
- **Screening for Nutrition Problems**
- **Where to find a Qualified Nutritionist**
- **The Role of the Nutritionis**
- **Financing Nutrition Services**

Answers to the Video Trigger Questions..... 17-19

Post Assessment..... 20

Taken after studying the video and workbook to determine whether objectives have been achieved.

Sample Screening Forms..... 21-26

Resources..... 27-30

HOW TO USE THIS PROGRAM

This Missing Link videotape and workbook is designed to help Early Intervention professionals appreciate the importance of nutrition and feeding concerns in children with special health care needs. It shows how to screen for nutrition issues, and ensure proper nutrition services for children and families enrolled in Birth to Three Early Intervention Programs (EI).

Program Objectives: Through the use of this videotape and trainer's guide, Early Intervention team members will be able to:

- Explain why nutrition services are an important component of EI programs.
- Outline the range of common nutrition problems faced by Early Intervention clients and their families.
- Describe the affects on families when nutrition issues are not addressed.
- Outline an appropriate model for providing screening and intervention of nutrition problems.
- Describe how the services of a qualified nutritionist can be attained and integrated effectively into the Early Intervention care process.
- Discuss, in general, how nutritionists function to meet the nutrition-related needs of EI clients.

The Video: In the Missing Link videotape (20 minutes), three families who received Early Intervention Services describe the nutrition concerns they faced, the ways in which nutrition issues disrupted family life and functioning, the types of nutrition assistance they received and the difference that nutrition services made in their lives. Nutritionists and other health professionals who worked with these families discuss the nutrition-related problems and the barriers they faced in attempting to meet the nutrition needs of EI families.

The Workbook: The workbook is designed to provide guidance for analysis and discussion of the videotape, as well as background information and important resources.

Instructons for Group Leaders:

Step 1: Have participants complete the pre-assessment on **page 5** prior to watching the videotape.

Step 2: Show the videotape.

Step 3: Use the trigger questions on **page 6** to discuss issues raised in the video (see **pages 17-19** for answers to video trigger guestions).

Step 4: Have participants complete the post assessment on **page 20**.

THE MISSING LINK
Pre Assessment

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Nutrition is extremely important to the health and well being of Early Intervention clients and their families.					
Nutrition services are an important component of Early Intervention programs.					
The number of nutrition problems faced by Early Intervention children and their families are few/minimal.					
Our initial intake survey is sufficient to pick up nutritional issues and problems.					
I have a good idea of the types of nutrition problems faced by EI families.					
I have a good idea of what types of nutrition interventions are needed to resolve common nutrition problems of Early Intervention children.					
I have a good idea of how Early Intervention teams can realistically include nutrition services into the team management of Early Intervention children and their families.					
I think that our own Early Intervention team can improve the nutrition services provided to Early Intervention clients and their families.					

Video Trigger Questions

The Gonzales Family

1. What was Mrs. Gonzales' major nutrition concern about her daughter Jennifer?
2. How did Mrs. Gonzales attain the services of a nutritionist?
3. What did the nutritionist do at the home in terms of screening and assistance?
4. How did the nutritionist help with the feeding problems?

The Whittle Family

1. How did Jeanine Whittle feel when Jeffrey starting losing weight?
2. Why did feeding issues become such a primary concern for the Whittle family?
3. How did the nutritionist help the Whittle family?
4. What benefit did the Whittle family receive from nutrition services?

The Mitchell Family

1. How long did it take Mrs. Mitchell's service coordinator from the Early Intervention Program to recognize her child's nutrition and feeding concerns?
2. What helped the Early Intervention case manager identify the need for nutrition services?
3. What were the reasons for having the nutritionist become involved?
4. How did the nutritionist complete a nutrition assessment?
5. What kind of recommendations did the nutritionist provide?
6. How did the transition to table foods help the Mitchell twin's development?
7. How could nutrition issues have been identified earlier?
8. What benefit did the Mitchell family receive from nutrition services?

(see page 20 for answers)

ISSUES FOR DISCUSSION

The "Missing Link" videotape highlights three major issues:

1. The **impact** nutrition concerns can have on child and family well-being.
2. The **benefit** of nutrition services to child and family.
3. How nutrition services can be **accessed** and **integrated** into the IFSP.

Impact of nutrition concerns:

➔ What impact did nutrition issues have on the families in the video?

➔ Why did nutrition concerns become so significant for the families in the video?

➔ Think of a child and family you have worked with that has struggled with nutrition issues:

- How have feeding difficulties impacted them?
- How did the presence of nutrition issues impact the achievement of early intervention objectives?
- What guidance has been provided to these families in resolving the problem?
- Are there some children and families you work with who could benefit from nutrition services?

Benefit of nutrition services:

➔ Why are nutrition services crucial to the efficacy of EI programs?

➔ What individualized assistance did the nutritionist provide to the families?

➔ What is the impact on child and family when nutritional issues are not addressed and resolved?

➔ How would the nutritionist work with the following professionals to ensure integrated, coordinated care?

- Nurse
- Occupational Therapist
- Physical Therapist
- Early Childhood Education
- Social Worker
- Speech and Language Pathologist

Accessing nutrition Services:

- ➔ How was the need for nutrition services identified?
- ➔ How could the referral system be improved?
- ➔ Does your program have a formal system for identifying nutrition concerns and referring families to nutrition service if needed?
- ➔ How well does this system function? How could it be improved?
- ➔ Do you use a nutritionist as a consultant? If not, how might you go about doing so?

BACKGROUND OF THE PROBLEM

What are the Regulations?

Part H of PL 101-476 Individuals with Disabilities Education Act (IDEA) mandates that nutrition services be included in the Individualized Family Service Plan (IFSP) if "appropriate" for the child and family . Nutrition services should include both assessment and management strategies. Assessments should include: (a) nutritional history and dietary intake, b) anthropometric, biochemical, and clinical measures, (c) feeding skills and feeding problems, and (d) food habits and food preferences. Once nutritional problems have been recognized, appropriate plans to address the nutritional needs of eligible children should be developed and monitored. ***Nutritionists are specifically listed in the legislation to provide nutrition servicesto chldren in early intervention programs who are in need of such a service.***

Why Are Nutrition Services Essential?

Evidence of the benefits of nutrition intervention to the health and development of children with special health needs continues to grow. Improved growth and other nutrition markers have been extensively documented in children who have received needed nutrition services. The evidence ranges from metabolic disorders in which nutrition problems are primary, to conditions in which the nutrition problems or risks result from secondary biological, environmental, or psychosocial factors.

Nutrition interventions are often related to feeding, and include mechanical and behavioral aspects of food intake. For some children, improved nutrition is the factor most critical for survival; for others it can reduce the potentially debilitating effects of their conditions. Improved nutrition and feeding may increase the level of independence the child is able to achieve, improve the child's perception of self, and improve care providers' perception of their ability to meet the child's needs. Working in partnerships with families to integrate nutrition services into a coordinated system with other EI services, mutual reinforcement and support can be achieved across disciplines, and services to children and their families can be strengthened.

What is the Current Status of Nutrition Services in Early Intervention Programs?

Unfortunately, most states currently do not have systems in place for integrating nutrition services into their EI programs. Barriers to implementing nutrition services include lack of knowledge regarding the importance of nutrition for this population, lack of knowledge of appropriate roles for nutritionists on EI teams, limited access to qualified nutrition providers, and lack of economic resources to pay for nutrition services.

MANAGEMENT OF NUTRITIONAL ISSUES

Components of a Comprehensive Nutrition Care Program:

- Identification of children who have risk factors which place them at increased nutritional risk. (Table 1 lists common nutritional problems seen in children with special health care needs.)
- Referral of at risk infants and toddlers to a qualified nutritionist for a complete nutritional assessment and development of a nutrition care plan.
- Inclusion of nutrition concerns and services to be provided in the child's IFSP.
- Interventions for nutritional problems.
- Follow up care and continual monitoring of progress and nutritional status.

Table 1

Common Nutrition Problems Seen In Children with Special Health Care Needs

Condition	Altered* Growth Rate	Altered** Energy or Nutrient Needs	Constipation or Diarrhea	Feeding Problems	Drug Nutrient Reactions
Cerebral Palsy	√	√	√	√	√
Epilepsy/ Seizure Disorder		√	√	√	√
Muscular Dystrophy	√	√	√	√	
Myelomeningocele (Spina Bifida)	√	√	√	√	√
Down's Syndrome	√	√	√	√	√
Prader-Willi syndrome	√	√		√	
Metabolic Disorder (PKU, MSUD)	√			√	
Congenital Heart Disease	√	√		√	√
Cleft Lip/Palate	√			√	
Autism	√			√	√
Fetal Alcohol Syndrome	√			√	
Other Mental Retardation	√	√	√	√	√

* altered can be inadequate or excessive

** altered can be increased or decreased

(SOURCE: Resource 5)

Screening for Nutrition Problems:

An effective screening procedure is a critical element in any nutrition program. Screening is the process by which infants and toddlers at risk for nutrition problems are identified and referred for further evaluation and a care plan is developed with the family. Nutrition screening should be done at regular intervals since growth and development is dynamic and nutritional status can change over time. Effective screening starts with identifying who will be responsible for this task and which tool they will use. Ideally, the same team member would be responsible for the nutrition screening and referral process.

A nutrition screening tool should be:

- quick to complete
- provide reproducible results
- accurately identify children at nutritional risk.
- include criteria for referral for nutrition assessment
- inexpensive

Data collected for nutrition screening will depend on the time and personnel available and access to information such as the results of blood tests.

Components of a nutrition screening include:

- caregiver concerns
- medical problems
- chronic medication use
- growth
- eating habits
- feeding skills and behaviors

Sample screening forms developed for use in Early Intervention Programs are included on pages 21-26.

Where to Find a Qualified Nutritionist:

Nutrition services should be provided by a Registered Dietitian who has experience with pediatric nutrition and children with special health care needs. Registration requires completion of a bachelors degree with course work meeting American Dietetic Association guidelines, 900 hours of clinical training, and passing the national registration exam. Maintaining registration requires 75 hours of continuing education every 5 years. Additional desirable professional credentials include a masters degree in public health/nutrition and/or Certified Specialist in pediatrics with the American Dietetic Association.

A qualified nutritionists may include:

- State and local public health nutritionists
- LEND: Leadership, Education in Neurodevelopmental-related Disorders Nutritionists (formerly called University Affiliated Programs or (UAPs)
- Nutritionists at Pediatric hospitals
- Nutritionists at specialty clinics for children with special needs
- Private practice nutritionists with expertise in pediatrics (Contact American Dietetic Association (1-800-877-1600)
- Community health center nutritionists
- Nutritionists in HMOs or group practices

Ideally the nutrition service provider should possess knowledge of early childhood development, preschool nutrition education, federal, state and community food assistance programs, and community nutrition issues. Specific competencies for registered dietitians working in EI are summarized in Table 2.

Table 2

Recommended Qualifications for Nutrition Providers in Early Intervention Programs
• Registered dietitian status maintained, licensed in state (if applicable) • Experience in pediatrics with emphasis on children with special health care needs • Ability to integrate nutrition assessment and care plan into the IFSP • Ability to make recommendations within a family-centered, culturally appropriate context • Strong interpersonal and counseling skills for interactions with families and other staff • Effective verbal and written communication skills • Knowledge and skill in process and outcome evaluation (quality assurance, cost-benefit, cost-effectiveness)

(SOURCE: Reference 4)

The Role of the Nutritionist

The most appropriate staffing option for the nutritionist in an EI program varies with the size of the program, program goals and philosophy, scope and depth of nutritional problems, and availability of qualified providers in the area.

Key Areas of Responsibility of the Nutritionist May Include:

Participation in the IFSP Process

- conduct nutrition assessments
- develop nutrition care plans
- monitor child's nutritional status and re-evaluate care plan as needed
- initiate contacts with other food and nutrition programs to facilitate collaboration among nutrition services needed by child
- provide direct nutrition counseling services as requested by families in IFSP (use of home site, phone contacts as appropriate)

Provide Education, Training, and Support Services for Parents And Staff

- identify nutrition training needs
- conduct parent support groups on feeding
- develop nutrition education materials for families
- conduct staff inservice on growth, nutrition, and feeding

Develope Referral and Follow-Up Community Nutrition Services

- identify and establish communication with community and other nutrition service providers
- refer clients to community nutrition resources and providers
- provide education and training on nutritional needs of children with special needs to staff, parents and community service providers

(SOURCE: Resource 2)

Financing Nutrition Services

A major challenge to implementing nutrition services in all health care settings today is finding adequate methods of reimbursement. Part H of PL 102-119 specifies that services in Early Intervention programs must be provided at not direct cost to families, unless a sliding scale fee system is authorized for certain services, Third party reimbursement for nutrition services varies among the different insurance companies and between different policies. Reimbursement generally depends upon a physician's referral, and programs would need to establish a fee for service schedule in order to obtain reimbursement. The Early Periodic Screening and Diagnostic Test (EPSDT) Healthy Kids Expanded Medicaid Program covers some nutrition counseling for children at high risk . Other possible sources of funds include federal Maternal and Child Health Block Grants, private or volunteer organizations serving children with special health care needs, parent advocacy groups, HMOs, business and industry, hospitals and other health care providers and specialty organizations such as the Cystic Fibrosis Foundation. Early Intervention Program directors and nutritionists need to work together to devise suitable payment mechanisms for nutrition services in Early Intervention.

Answers to Video Trigger Questions

The Gonzales family:

1. What was Mrs. Gonzales' major nutrition concern about her daughter?
    - She did not want to eat
    - She had received confusing advice about feeding.

2. How did Mrs. Gonzales attain the services of a nutritionist?
    - She finally told her EI service coordinator that she was concerned because Jennifer wouldn't eat.

3. What did the nutritionist do at the home in terms of screening and assistance?
    - Obtained a diet and feeding history
    - Observed mealtime
    - Took anthropometric measurements (e.g. height, weight, head circumference)

4. How did the nutritionist help with the feeding problems:
    - Showed Mrs. Gonzales how to add calories to her daughter's diet.
    - Asked Mrs. Gonzales not to force Jennifer to eat.
    - Helped Mrs. Gonzales overcome behavioral problems around eating.

The Whittle Family:

1. How did Jeanine Whittle feel when Jeffrey starting losing weight?
    - She felt she was failing as a mother.
    - She felt the weight loss was her fault.

2. Why did feeding issues become such a primary concern for the Whittle family?
    - Because the problems with Jeffrey's feeding were interfering in all aspects of the family life.
    - Mealtimes were stressful and unpleasant, causing tension between Mr. and Mrs. Whittle.
    - The eating problems became a major family issue.

3. How did the nutritionist help the Whittle family?
    - Provided reassurance that they were doing a good job.
    - Suggested ways to present foods so Jeffrey would have more control.
    - Provided support to allow Jeanine to decrease the pressure on Jeffrey to eat.
    - Provided menu ideas and recipes to make every bite count.

4. What benefit did the Whittle family receive from nutrition services?
    - A lot of support
    - Meal time is pleasant and relaxing; the family can sit and talk
    - Eating out is now a pleasure

The Mitchell Family:

1. How long did it take Mrs. Mitchell's service coordinator from the Early Intervention Program to recognize her child's nutrition and feeding concerns?
    - six months

2. What helped the EI service Coordinator identify the need for nutrition services?
    - Feeding issues were getting in the way of obtaining other Early Intervention goals.
    - Gail frequently mentioned how difficult feeding was
    - Gail's need to control caloric intake to ensure adequate growth was not being met by the nutritionist she was seeing.

3. What were the reasons that the nutritionist became involved?
    - Mrs. Mitchell became frustrated wanting to ensure adequate nutrition and optimal growth but not knowing what to do.
    - The twins were on pureed foods at 15 months of age.
    - Mother had concerns regarding adequacy of caloric intake.
    - Mother did not feel the twins would meet their calorie needs if she made the transition to table foods.

4. How did the nutritionist complete a nutrition assessment?
    - Made a home visit
    - Analyzed a food diary
    - Observed a meal
    - Evaluated height, weight, and triceps skinfold measurements

5. What kind of recommendations did the nutritionist provide?
    - Suggestions for high calorie finger foods that provided the twins more control over feeding while increasing caloric intake.
    - Identified the power struggle and helped Gail let go.
    - Guidance on normal toddler eating patterns.
    - Suggestions for making eating fun and pleasant.

6. How did the transition to table foods help the Mitchell twin's development?
    - It assisted them in the development of fine motor skills.

- Got them to eat more high calorie foodsresulting in weight gain.
- Assisted them in oral-motor and self-feeding skills.

7. How could nutrition issues have been identified earlier?
    - Better screening for nutrition problems.
    - More attention to Gail's concerns.
    - Better recognition of the cues indicating nutrition and feeding issues.

8. What benefit did the Mitchell family receive from nutrition services?
    - Played an integral role in developing the family.
    - Empowered mother to determine her children's nutritional needs and how to meet them.
    - Better health for the twins which relieved much of the family stress.

THE MISSING LINK
Post Assessment

	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Nutrition is extremely important to the health and well being of Early Intervention clients and their families.					
Nutrition services are an important component of Early Intervention programs.					
The number of nutrition problems faced by Early Intervention children and their families are few/minimal.					
Our initial intake survey is sufficient to pick up nutritional issues and problems.					
I have a good idea of what types of nutrition interventions are needed to resolve common nutrition problems of Early Intervention children.					
Nutrition is extremely important to the health and well-being of Early Intervention clients and their families.					
I have a good idea of how Early Intervention teams can realistically include nutrition services into the team management of Early Intervention children and their families.					
I think that our own Early Intervention team can improve the nutrition services provided to Early Intervention clients and their families.					
This videotape and workbook program:					
Increased my awareness of the importance of including nutrition as a component of Early Intervention Services to special needs children and their families.					
Increased my awareness of how missed or overlooked nutrition issues can impact on growth and development.					
Documented the common types of nutritional problems confronted by nutritionists in dealing with children with special health care needs.					
Showed me how to include more nutrition screening and nutrition service into team activities.					
Showed me how nutrition screening can be included in the assessment of Early Intervention children.					
Showed how nutritionists can serve as team members or consultants to Early Intervention teams.					
Showed how nutrition services can improve the health and well-being of Early Intervention children and their families.					
Encouraged me to include more nutrition screening and service into Early Intervention team activities.					

EARLY INTERVENTION NUTRITION SCREENING FORM

To be completed by screener. Refer to protocols for instructions on completing each question.
To determine if further assessment is needed, see Nutrition Referral Criteria

DEMOGRAPHICS

1. Screening Date: 1. ☐☐/☐☐/☐☐

2. Child's ID No.: 2 ☐☐☐☐☐☐☐☐

3. Child's Sex : (M) Male (F) Female 3 ☐

4. Date of Birth: 4 ☐☐/☐☐/☐☐

5. Birth weight: 5 ☐☐.☐ kgs or ☐☐ lbs. ☐☐ oz.

6. Birth Length: 6 ☐☐.☐ cm. or ☐☐ in ☐/8th

reported by caregiver ☐ or found in medical record ☐

7. Gestational age: 7 ☐☐

ANTHROPOMETRICS

8. Date of measurements: 8 ☐☐/☐☐/☐☐

9. Weight: 9 ☐☐ ☐ kg.or ☐☐ lb ☐☐ oz.

10. Length/height: 10 ☐☐ ☐ cm. or ☐☐ in ☐/8th

11. How was the child measured? 1=standing, 2=lying down 11 ☐

PERCENTILES

12. Weight/AGE 12 ☐☐ to ☐☐ centile

13. Height/AGE 13 ☐☐ to ☐☐ centile

14. Weight/Height 14 ☐☐ to ☐☐ centile

LAB WORK

15. Date of Hemoglobin or Hematocrit: 15 ☐☐/☐☐/☐☐

16. HEMOGLOBIN ☐☐ ☐ gms/100ml or 17. HEMATOCRIT ☐☐ ☐ percent

18. Date of FEP or Lead (PB): 18 ☐☐/☐☐/☐☐

19. FEP ☐☐.☐ ug/dl or 20. LEAD(PB) ☐☐.☐ ug/dl

21. Does this child have any of the following diagnosis or chronic medical conditions? Yes ☐ No ☐

(Check all that apply)

___ Down Syndrome	___Failure to Thrive	___Cardiac
___ Cerebral Palsy	___Fetal Alcohol Syndrome	___Kidney
___ Spina Bifida	___Cystic Fibrosis	___Seizure Disorders
___ Anemia	___Neuromuscular	___Poor Growth
___ Respiratory	___Liver	___Gastrointestinal

Other(specify)_____

PEACH * Survey

Agency: _____ Date: _____

Child's Name: _____ Date of Birth: _____

Address: _____ Phone #: _____

_____

Please circle YES or NO for each question as it applies to your child.

Does your child have a health problem (do not include colds or flu)? If yes, what is it?	YES NO	1
Is your child: Small for age? ___ Too thin? ___ Too heavy? ___ (If you check any of the above, please circle YES)	YES NO	3
Does your child have feeding problems? If yes, what are they?	YES NO	3
Is your child's appetite a problem? If yes, describe:	YES NO	1
Is your child on a special diet? If yes, what type of diet?	YES NO	2
Does your child take medicine for a health problem (Do not include vitamins, iron, or fluoride)? Name of medicine(s):	YES NO	1
Does your child have food allergies? If yes, to what foods?	YES NO	1
Does your child use a feeding tube or other special feeding method? If yes, explain:	YES NO	4
Circle YES if your child does not eat any of these foods: Milk ___ Meats ___ Vegetables ___ Fruits ___ (Check all that apply)	YES NO	1
Circle YES if your child has problems with : Sucking ___ Swallowing ___ Chewing ___ Gagging ___ (Check all that apply)	YES NO	3
Circle YES if your child has problems with : Loose stools ___ Hard stools ___ Throwing Up ___ Spitting Up ___ (Check all that apply)	YES NO	3
Does your child eat clay, paint chips, dirt, or any other things that are not food? If yes, what?	YES NO	2
Does your child refuse to eat, throw food, or do other things that upset you at mealtime? If yes, explain:	YES NO	2
For infants under 12 months who are bottle fed: Does your child drink less than 3 (3-ounce) bottles of milk per day:	YES NO	1
For children over 12 months: (Check if applies and circle the YES) Is your child not using a cup? ____ Is your child not finger feeding? ____	YES NO	1
For children over 18 months: Does your child still take most liquids from a bottle?	YES NO	2
Circle YES if your child is not using a spoon?	YES NO	2

* Parent Eating and Nutrition Assessment for Children with Special Health Needs

Copyright © 1993 by Marci Campbell and Kristine Kelsey, All Rights Reserved

Total = ☐

The Parent Eating and Nutrition Assessment for Children with Special Health Needs (PEACH) survey.

SOURCE: Krish Campbell M, Kelsey KS. The PEACH survey: A nutrition screening tool for use in early intervention programs. J Am Diet Assoc. 1994;94:1156-58.

27
BEST COPY AVAILABLE

EARLY INTERVENTION NUTRITION SCREENING QUESTIONNAIRE

RI Dept. of Health, Division of Family Health, Early Childhood Programs

Child's Name:_____ Today's Date:_____

Child's Birthday and Age:_____ Name of Person Completing This Questionnaire:_____

Child's Early Intervention ID#:_____ Service Coordinator:_____

1. Does your child have any food allergies? Yes No Not sure *If yes, list foods:*_____

2. Does your child take any medications on a regular basis? Yes No Not sure *If yes, list:*_____
(including vitamins, iron, fluoride, or other supplements) _____

3. Does your child experience any of the following?
(Can answer "Yes" to more than one) *Comments:*
   a. diarrhea Yes No Not sure
   b. constipation Yes No Not sure
   c. vomiting/ reflux Yes No Not sure

4. Does your child experience any of the following?
(Can answer "Yes" to more than one) *Comments:*
   a. difficulty with sucking Yes No Not sure
   b. difficulty with swallowing Yes No Not sure
   c. difficulty with chewing Yes No Not sure
   d. gagging Yes No Not sure
   e. choking Yes No Not sure

5. Please circle the choice(s) below that describe how your child eats: *Comments:*

uses a bottle	finger feeds
breastfeeds	fed by spoon
takes sips from a cup	self-feeds with spoon
drinks from a cup	self-feeds with fork
uses a straw	uses special feeding equipment

6. If you are currently breastfeeding, do you have any questions or concerns? Yes No Not sure
If yes, describe:

7. If your child uses a bottle:

   do you add anything to the bottle? Yes No Not sure *If yes, what:*_____

   does she/he take the bottle to bed? Yes No Not sure

8. Please estimate the amounts (in ounces) that your child usually drinks or is fed in one day (24 hours):

   _____oz. formula *name:*_____
   Circle choice(s): powder concentrate ready-to-feed tube-feeding
   (NOTE: If powder or concentrate, please describe how you make it.)

   _____oz. juice *type(s):*_____

   _____oz. milk *type(s):*_____

   _____breast-milk *average number and length of feedings:*_____

   _____oz. water *source: (circle) bottled town well other:*_____

   _____oz. punch, koolaid, soda

   _____oz. other_____

GUIDE:
1 measuring cup = 8 oz.
1 small bottle = 4 oz.
1 large bottle = 8oz.
1 "sippy" cup = 4-6 oz.

NOTE: Be sure to add up oz. child actually drinks; not what is put in bottle or cup.

EARLY INTERVENTION NUTRITION SCREENING QUESTIONNAIRE (Continued)

FI Dept. of Health, Division of Family Health, Early Childhood Programs

9. Are you concerned about the amount or variety of foods your child takes in from the following food groups? (Can answer "Yes" to more that one)

Comments:

a. milk and dairy foods	Yes	No	Not sure
b. meats, eggs, fish	Yes	No	Not sure
c. vegetables	Yes	No	Not sure
d. fruits	Yes	No	Not sure
e. breads and cereals	Yes	No	Not sure

10. Please circle the choice(s) below that describe your mealtime experiences and child's eating behaviors:

child refuses to eat
child eats well
child spits out food
child throws food or utensils
child eats too slowly
child eats items which are not food
(such as crayons, dirt, paper, cigarettes, etc.)
child stuffs mouth
child unable to sit through the meal
child sits with family for meals
child eats separately
mealtimes are pleasant
mealtimes are hectic
meal seems to take too long
no scheduled mealtimes
no concerns in this area

Other concerns:

11. Do you often find that you run out of food? Yes No Not sure *Comments:*

12. Do you have any questions/concerns about your child's nutrition and feeding? Yes No Not sure
If yes, please describe and your service coordinator will discuss them with you:

13. Would you like to receive information and ideas about recommended infant and child foods, eating habits, or next steps? Yes No Not sure
If yes, your service coordinator will discuss this with you.

14. Would you like to meet with someone about your child's nutrition and/or eating habits? Yes No Not sure
If yes, your service coordinator will arrange this with you.

PLEASE HELP US! We would like to know if you found this questionnaire helpful or if you found any part of it hard to use. Please share your feelings below:

BEST COPY AVAILABLE

EARLY INTERVENTION NUTRITION SCREENING INFORMATION

Date screening begun: __ __-__ __-__ __

Child's name:_____

Child's Birthday: __ __-__ __-__ __

Child's Early Intervention ID#: __ __ __ __ __ __

Child's gender: ___(M) Male ___(F) Female

1. Does this parent or caregiver agree to complete an *EARLY INTERVENTION NUTRITION SCREENING QUESTIONNAIRE?* Yes No Not sure

Date to be returned: __ __-__ __-__ __

2. *The following information may be important to assess resources for this family:*

Does this family obtain AFDC? Yes No Not sure
Does this family obtain food stamps? Yes No Not sure
Does this family have Medicaid? Yes No Not sure
Is this child enrolled in WIC program? Yes No Not sure

3. Does this parent or caregiver give consent to send a release form for weights, lengths or heights, growth chart, and lab work (hematocrit, hemoglobin, lead) to: *(Check all that apply)*

___WIC? ___primary care physician? ___specialist?

Information in this block provided by:
___*parent or caregiver* ___*records from* _____

4. Does this child have any of the following diagnoses or chronic medical conditions? Yes No Not sure *(Check all that apply)*

___Down Syndrome ___Failure to thrive ___Cardiac
___Cerebral Palsy ___Fetal alcohol ___Kidney
___Spina Bifida ___Cystic Fibrosis ___Seizures
___Anemia ___Neuromuscular ___Respiratory
___Slow growth ___Liver ___Gastrointestinal

___Other condition affecting nutritional status, growth, or eating ability :

5. Information in this block provided by:
___*parent or caregiver* ___*records from*_____

Birth weight: __ __lbs. __ __oz. or __ __ __ __g

Birth length: __ __ . __ __ in. or __ __ __ __ cm

Gestational age: __ __ wks.

6. LABWORK

A. Hematocrit: __ __.__ % or Hemoglobin: __ __.__g/100ml

Date: __ __-__ __-__ __
(must be within 1 year)

B. Date of last lead screening: __ __-__ __-__ __

Circle result: normal (<10 ug/dl) abnormal (> or = 10 ug/dl)

If abnormal, last test date: __ __-__ __-__ __

Result: Lead (PB): __ __.__ ug/dl

Source of information: ___WIC ___physician

Is this parent/caregiver aware of any problems that have been identified with this child's labwork?
Yes No Not sure *If yes or not sure, explain:*

(When was it last done?)

7. ANTHROPOMETRICS

7.a. Parent/caregiver's report:

Does the parent/caregiver know this child's height or length? Yes No Approximately Not sure

_____in. as of:_____
How was child measured? ___lying ___standing
Who measured? ___WIC ___physician ___other
Was a percentile given?_____% No Not sure

Does the parent/caregiver know this child's weight?
Yes No Approximately Not sure

_____lb./oz. as of:_____
Who weighed? ___WIC ___physician ___other
Was a percentile given? _____% No Not sure

7.b. Found in records:

What records? ___WIC ___physician ___other

Most recent height or length *(circle which)*:

__ __.__ __ in. or __ __.__ __cm. Date: _____

Most recent weight:

__ __lbs. __ __oz. or __ __.__kg. Date: _____

7.c. Taken by Early Intervention personnel:

Date: __ __-__ __-__ __

Height (child standing): __ __.__ __in. or __ __ __ __cm

Length (child lying): __ __.__ __in. or __ __.__ __cm.

Weight: __ __lbs. __ __oz. or __ __.__kg.

(See back for Nutrition Screening Results and Guidelines for Further Action)

NUTRITION SCREENING RESULTS

(Check those items that apply then follow appropriate action on the right)

GUIDELINE FOR FURTHER ACTION

(Circle the actions to be taken)

1. ___Parent/caregiver agreed to complete questionnaire or
   ___Parent/caregiver declined questionnaire at this time
   — Assess risks from questionnaire as below. Offer rescreening in 3 to 6 months.

2. ___Family may be eligible for food/nutrition resources that they do not currently obtain.
   — Provide family with referral information.
   ___Child participates in the WIC program.
   — Obtain release and maintain communication with WIC provider.

3. N/A

4. ___Dx or condition affecting nutritional status, growth, eating ability.
   — REFER for assessment and consultation.

5. ___Birth weight < 2500g (5# 8oz.) and/or ___gestational age < 37 weeks
   — Proceed as in #7.

6. ___Hematocrit: 34% OR LESS and/or ___Hemoglobin:11.2 g/dl OR LESS
   ___Lead (Pb): 10ug/dl or GREATER
   — REFER for assessment and consultation.
   ___NO LABWORK IN PAST 6 MONTHS
   — Ask parent/caregiver to request labwork .

7. Plot growth information on appropriate growth chart for age, gender, and position in which the child was measured (birth to 36 months if lying down; 2 to 18 years if standing) and attach it to this screening form.
   NOTE: If child was low birth weight or premature (see #5 above) and is less than 12 months chronological age, plot CORRECTED AGE as well as chronological age.

Check all that apply for this child below:

___Length or height for age < or = 10th% OR
___Length or height for CORRECTED AGE < 10th%
___Weight for length or height: ___ < or = 25th% if < 12 mos. — REFER for assessment and consultation.
___< or =10th% ___> or = 90th%

NUTRITION SCREENING QUESTIONNAIRE RESULTS

Check which of the following questions were answered "Yes"; a "Yes" response indicates a possible risk.)

___1 ___2 ___3 ___4 ___5 ___6 ___7 ___8 ___9 ___10 ___11 — REFER for further assessment or consultation if 2 or more "Yes" responses to questions 1 thru 11.

2: check "yes" if:
___no source of fluoride
___double source of fluoride or iron
___megavitamin supplementation
___any frequent or regular medication (including antibiotics, seizure med, etc.)
___other:

5: check "yes" if:
___7 mo. or older and doesn't yet sip from a cup
___9 mo. or older and doesn't self feed with fingers
___12 mo. or older and drinks primarily from a bottle
___19 mo. or older and doesn't yet self-feed with utensils
___other:

8: check "yes" if:
___under 12 mo. and drinks less than 24 oz. formula
___12 mo. or older and drinks more than 40 oz. formula or milk
___drinks skim or lowfat milk
___drinks more than 12 oz. juice, punch, koolaid, soda
___uses powdered or concentrated formula and may need guidance in correct preparation
___other:

10: check "yes" if:
___mealtime experiences and child's eating behaviors appear to be of concern

___12. Parent/caregiver has questions or concerns about child's nutrition and/or feeding. — Service coordinator's option.

___13. Parent/caregiver would like to receive more information. — Service coordinator's option.

___14. Parent/caregiver would like to meet with someone about child's nutrition and/or feeding. — REFER for further assessment or consultation.

DATE SCREENING COMPLETED: __ __-__ __-__ __ Service Coordinator's Signature: _____

Parent/caregiver's Signature: _____

BEST COPY AVAILABLE

Resources

1. Niemes L, Dwyer JD. Boston, Ma. Right to Grow: Planning Nutrition Services for Children with Handicaps A Slide Presentation Frances Stern Nutrition Center, New England Medical Center, 1986, 58 slides.

   Contact: Johanna Dwyer, D.Sc., RD, Frances Stern Nutrition, New England Medical Center, 750 Washington St. Box 783, Boston, MA. 02111. Phone: 617-636-5273.

2. Bayerl CT, Ries J. EARLY START Nutrition Services In EI. Boston MA: Massachusetts Department of Public Health, 1993. 1 manual, 80 slides.

   Contact: Gail Lewis, A.H.E.C. 50 Lake Avenue, Worcester MA. 01604. Phone: 508-756-6676. Training Manual $35.00; slide set $50.00; make check payable to A.H.E.C.

   This guide contains tools for EI providers interested in nutrition training for the families of children birth to three years. The training manual contains program recommendations, models of nutrition service, nutrition screening and assessment tools, educational materials,, and reimbursement guidelines. The slide set focuses on common feeding, nutrition, and growth issues for children birth to three years.

3. Cunniff P, Holland M, Goldberg D, Dwyer J, Palmer C, Bayerl C, and Ries J. Consuming Concerns Videotape and Trainer's Guide. Frances Stern Nutrition Center and Shriver Center University Affiliated Center.

   Contact: Frances Stern Nutrition Center, 750 Washington St. NEMC 783, Boston 0211. Phone: 671-636-5273. Price: $25.00. Checks payable to Frances Stern Nutrition Center.

   Consuming Concerns is a 21 minute videotape based on the EARLY START slides. The video is designed to enhance the viewer's awareness of the nutrition concerns of children in Birth to Three Early Intervention Programs. The videotape reviews six major nutrition concerns of children in Birth to Three/Early Intervention Programs and the contribution of a nutritionist. The trainer's guide includes a pre and post test, "Fact Sheets" on the nutrition concerns discussed in the video, trigger questions, and an evaluation form.

4. Baer MT, Tanaka TL, and Blyler EM. Nutrition strategies for children with special health care needs: Identifying kids at risk. Los Angeles, CA: Center for Child Development and Developmental Disorders, Children's Hospital of Los Angeles, 1991, 150 pp.

   Contact Irene Palafox, UAP Center for Child Development and Developmental Disorders. Children's Hospital of Los Angeles, Attn: Resource Center Coordinator,

PO Box 547000, Los Angeles, CA 90054 Phone: (213)-669-2300. $35.00 plus $5.00 shipping.

This manual provides guidelines for nutrition screening for children from birth to three years. It includes dietary guidelines for young children and a feeding skills section that reviews the developmental sequence in the acquisition of skills needed to consume foods of various textures. A nutrition screening section provides several screening tools including guides for measuring height and weight and growth charts for evaluating measurements. The guide contains checklists and/or fact sheets on various nutrition problems that are frequently experienced by young children, written in English, Spanish, and/or Chinese. Sections on cerebral palsy, drug-exposed infants and Down syndrome and their effects on nutrition status and feeding are also included. It was adapted from the C.H.E.W.S. Nutrition Project, New Mexico Department of Health and Environment.

5. Batts K, Brizee LS, Carden J, Casey SC, Gonzalez N, Goodwing MA, Hata C, Katsh N, McLaughlin JF, Peck L, Pederson A, Pipes PL, Stewart KB, Weijohn TT, and Wickberg E. Nutritional guidelines for children with disabilities and chronic illnesses. Neurodevelopmental Program, Children's Hospital and Medical Center, University of Washington, 1989.

   Contact: Materials Management PO Box 47905 Olympia, WA 98504. 206-586-9046.

   This publication is designed to promote nutrition screening, assessment, and intervention as routine components of comprehensive health care for children with disabilities and chronic illnesses. These guidelines outline appropriate procedures for identification of children who require nutrition assessment and intervention. To those providing nutrition care they provide guidance on comprehensive nutrition assessment and intervention for many problems common to children with disabilities or chronic illness. These guidelines do not discuss every nutritional concern that a health care provider may encounter in a child with a disability or chronic illness. Three areas in particular were not included- metabolic disorders, gastrointestinal anomalies, and medical problems associated with tube feeding.

6. Rokusek C. and Heinrichs E. (eds). Nutrition and feeding for persons with special needs: A practical Guide and Resource Manual. 2nd Edition. Vermillion, SD: University of South Dakota School of Medicine, 1992. 323 pp.

   Contact Child and Adult Nutrition Services Division, Department of Education and Cultural Affairs 700 Governors Drove, Pierre, SD 57501-2291. 605-773-3413.

   This manual is designed to provide school food service personnel, teachers, parents, and health care providers with the information they need to meet the diverse and individual needs of persons with special needs. Writers were cognizant

of the Americans with Disabilities Act and civil rights regulations. Topics covered include nutrition challenges of persons with special needs; the role of school foods service; partnerships in meeting special nutrition and feeding needs; vitamins, minerals, and fluids; nutrition screening and assessment; identifying children at risk; nutritional care of slow growing and underweight children; management of the overweight individual; diets for selected medical and genetic conditions; tube feeding; bowel problems; food allergies and hyperactivity; management of unusual eating patterns and failure to thrive; gagging, vomiting, and rumination; feeding assessment and intervention; drug, nutrient, and food interactions; oral and dental considerations; and behavior issues in nutrition and feeding programs.

7. Carp D, Krick J, and Webster C. Eating for good health: a nutrition handbook for caretakers of the handicapped children, The Nutrition Division.

   Contact Jackie Krick, the Nutrition Division, The John F. Kennedy Institute for Handicapped Children, 707 North Broadway, Room 20, Baltimore MD. 21205 Phone: 410-522-5441.

   This packet provides information that ties together the relationship of nutrition factors and clinical strategies to disabilities. Topics are covered by both a scientific based description for professionals and nutrition education fact sheets for families and parents, and include: feeding, dental health, fluids, diet and underweight, diet and weight control, dietary fiber, and constipation, lead poisoning , megavitamin therapy nutritional effects of drug therapy, and hyperactivity.

8. Shaddix T and Barncastle N. Nutritional care for the child with developmental disabilities. Birmingham AL. United Cerebral Palsy of Alabama, 1986.

   Contact Tina Shaddix, United Cerebral Palsy, 2430 11th Avenue North, Birmingham AL. 35234. Phone: (205) 251-0165.

   This five pamphlet series provides relevant information on nutrition to those involved in the care and treatment of children with developmental disabilities. Each pamphlet addresses a major nutritional concern of the child with developmental disabilities and offers dietary measures designed to alleviate the problem. The titles of the pamphlet are: Promoting weight gain, Weight control for the overweight child, Oral motor development and feeding techniques, Management of constipation, and Meal planning for the childhood years.

9. University of Alabama at Birmingham, Sparks center for Developmental and Learning Disorders. Nutrition for children with special health care needs. Birmingham AL Sparks Center for Developmental and Learning Disorders, University of Alabama at Birmingham, 10 brochures. (Family education series;

Contact: Sparks Center for Developmental and Learning Disorders, University of Alabama at Birmingham, Box 13, University Station, Birmingham Al 35294. Phone: 205-934-1104.

This set of brochures is designed to help parents of children with special health care needs promote their child's nutrition and good eating habits. A general brochure on nutritional goals, discussing growth, good feeding skills, disease resistance, energy, and normal elimination contains 9 subject specific brochures on: chewing, positioning for eating, weight gain, self-feeding, swallowing relieving constipation, fluid needs, drinking from a cup, and preventing iron deficiency anemia.

10. Nutrition Focus for Children with Special Health Care Needs. Nutrition Section Children Development and Mental Retardation Center, University of Washington.

    Contact Sharon Feucht, Editor Nutrition Focus, CDMRC, University of Washington Box 37920 Seattle WA 98105-7920 Phone: 206-685-1297. Cost: $24.00 per year.

    This bimonthly newsletter features nutrition issues of children with special health care needs and their families. The newsletter is designed for use by health care providers and others who serve these children in a community or ambulatory setting. Each feature article highlights a specific disorder or nutrition concern and offers practical suggestions through nutrition assessment and intervention strategies, case studies, and references and resources for clients, families, and the health care professional.

11. Van Riper CL, and Beeman LE. Pediatric nutrition screening and assessment: A self study module. Omaha NE. Meyer Rehabilitation Institute. University of Nebraska Medical Center, 600 South 42nd St. Omaha NE. 68198. Phone: (402) 559-7467.